



(Date)

(Name)  
(Address)

From:

RE: Change in Designated Signatures Facility Code \_\_\_\_\_ /State ID \_\_\_\_\_

The NAT-7 form is to be completed on every certified nurse aide hired and terminated (regardless of the reason for termination). This form shall be mailed to the registry once the aide has worked a minimum of eight (8) hours and it shall also be mailed to the registry immediately upon termination of the aide. Maintain a copy of the NAT-7 form, submitted to the registry, for your records.

**The NAT-7 form shall bear the original signature of, at least, two (2) authorized individuals in order to be processed.** A total of four (4) individuals who will be authorized to sign the form may be designated, simultaneously. **Nursing home providers may authorize up to three individuals in addition to the Administrator.** Each individual should print and sign their name below.

Facility/Program Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

\*\*\*\*\*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

If you have any questions, please contact the Louisiana Nurse Aide Registry at (225) 342-0138. Mail the form to:

Louisiana Nurse Aide Registry  
DHH – Health Standards  
P. O. Box 3767  
Baton Rouge, La. 70821

Revised 11-5-15